

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01587

Reg. Dist. No. 103

## 1. PLACE OF DEATH:

County CHARLESCity or town BEL ALTON  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 YRS

Hospital, institution, or street address where death occurred:

HOME

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CHARLESCity or town BEL ALTON  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(d) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

MARY E BROWN

## 3. (b) Social Security Number

4. Sex F 5. Color or race Cnl 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 1881 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: 67 Years Months Days If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Riverside Md  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER 12. Name Fredrick J. Brown13. Birthplace MdMOTHER 14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

16. Informant Mary R Campbell DaughterAddress Indian Land Md17. Burial Date thereof 2-13-48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St ThomasLocation Bel Alton Md18. Funeral director Harold & RyanAddress Wardoy Md19. \_\_\_\_\_ 19 \_\_\_\_\_  
(Date rec'd by registrar) for M. E. Brown Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1948 at 7A PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 5 1948 to FEB 8 1948 and that I last saw HER alive on FEB 8 1948

Immediate cause of death \_\_\_\_\_

CHR. MYOCARDITIS DURATION 3 YRS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ernest S. Jensen M.D.Address Bel Alton Md Date signed 2-10-48

RECEIVED  
FEB 13 1948  
BUREAU . 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

01588

## 1. PLACE OF DEATH:

County... CHARLESCity or town... HUGHESVILLE  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... LIFE

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... CHARLESCity or town... NEAR HUGHESVILLE  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

EDWARD FARMER4. Sex M 5. Color or race NEGR 6.(a) Single, married, widowed, or divorced MARRIED6.(b) Name of husband or wife ELLA FARMER7. Birth date of deceased (mo., day, yr.) April 18 1866 6.(c) If alive, give age ..... years8. AGE: Years 81 Months 10 Days ..... If less than one day ..... hrs. .... min.9. Birthplace... CHARLES  
(Town, county, and state)10. Usual occupation... FARMER

11. Industry or business

12. Name... FRANCIS FARMER13. Birthplace... CHARLES COUNTY14. Maiden name... ROSENA JACKSON15. Birthplace... CHARLES COUNTY18. Informant... HORTENSE WOODWARDAddress... HUGHESVILLE MD.17. BURIAL Date thereof 2/7/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... BRYANTOWNLocation... BRYANTOWN MD.10. Funeral director... ELMER M. DRAKEAddress... HUGHESVILLE MD.19. 2-6 18. 48 Julia F. Gray  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH... FEBRUARY 3 19. 48 at 7:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
FEBRUARY 1 19. 48, to FEBRUARY 3 19. 48  
and that I last saw him alive on FEBRUARY 1 19. 48Immediate cause of death... CARDIAL FAILURE -  
ARTERIO-SCLEROTIC HEART  
DISEASE.Due to... GENERALIZED ARTERIO-  
SCLEROSISDue to... SENILITYOther conditions... ARTHRITIS DEFORMANS

(Include pregnancy within 3 months of death)

Major findings of operations... —

Date of op. ....

Autopsy results... —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE... John N. Guffin, M.D.  
M. D. or otherAddress... Hughesville, Md. Date signed 2/4/48



PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

01589

## 1. PLACE OF DEATH:

County CharlesCity or town La Plata  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County St. GeorgeCity or town Aquasco  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Blake Fenwick

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Rhoda May Fenwick

## 7. Birth date of deceased (mo., day, yr.)

Oct. 28, 1872

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

75322

hrs. min.

## 9. Birthplace

Washington D.C.  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Retired Postmaster

MOTHER FATHER

## 12. Name

William A Fenwick

## 13. Birthplace

England

## 14. Maiden name

Petronella Johnson

## 15. Birthplace

England

## 16. Informant

Douglas C Fenwick

## Address

Aquasco, Md.

## 17. (Burial, cremation, or removal, Which?)

Burial

## Date thereof

2/23/48  
(month) (day) (year)

## Cemetery or crematory

Family plot

## Location

Aquasco, Md.

## 18. Funeral director

Huntt & Ryan

## Address

Waldorf, Md.

## 19.

2-25-

19

48John H. Rosey

Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 19 48, at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-1219 48, to2-1919 48

and that I last saw him alive on

2-1819 48

Immediate cause of death

Cardiac Failure

## DURATION

3 weeks

Due to

Hypertensive Cardio-Renal Disease5 years

Due to

Coronary Sclerosis5 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

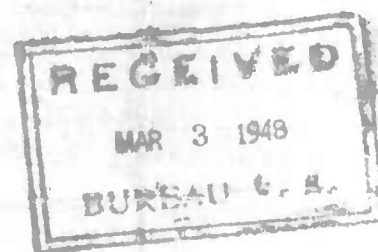
23. SIGNATURE

John H. Griffin M.D.

M. D. or other

Address

Hughesville, Md.Date signed 2/21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
year of birth shown on

FILM No. G 114 FEB 25 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01591

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles  
City or town Rock Point  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 14 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles  
City or town Rock Point  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edward Jenkins

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Katie Howe Jenkins

6. (c) If alive, give age 63 years  
7. Birth date of deceased (mo., day, yr.) Aug 27, 1875

8. AGE: 73 Years 5 Months 18 Days If less than one day  
hrs. min.

9. Birthplace Charles Md.  
(Give county, and state)

10. Usual occupation Farmer

11. Industry or business George Jenkins

12. Name George Jenkins

13. Birthplace Margaret Simms

14. Maiden name George B. Jenkins

15. Birthplace Rock Point, Md.

16. Informant Burne  
Address 2-18-48

17. (Burial, cremation, or removal. Which?) Burial Date thereof 2-18-48  
(month) (day) (year)

Cemetery or crematory Holy Spirit

Location Isaac and

18. Funeral director Waldorf and

Address 48 M. D. Moun

19. (Date rec'd by registrar) 19 48 Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 2-15 19 48 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 2-1 19 48 to 2-15 19 48 and that I last saw him alive on 2-10 19 48

Immediate cause of death Cerebral hemorrhage DURATION 7-14-48

Due to Arterio Sclerosis

Due to

Other conditions Hypertensive

Heart Disease

(Include pregnancy within 8 months of death)

Major findings of operations

Anteopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Hodelen M. D. or other LaPlata Md.

Address LaPlata Md. Date signed 2-15-48



RECEIVED  
FEB 17 1948  
BUREAU V. S.

RECEIVED  
FEB 17 1948  
BUREAU V. S.

1948  
1875  
3



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01592

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County CharlesCity or town Rural La Plata  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

"Hanson Hill"How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County CharlesCity or town Rural - La Plata  
(If outside city or town limits, write RURAL and give nearest town)Street No. "Hanson Hill"  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

Eliza Campbell Mitchell

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 10, 18726. (c) If alive, give age — years

## 8. AGE:

Years

Months

Days

If less than one day

75226— hrs.— min.

## 9. Birthplace:

(Then) Put Tobacco, Charles, Md.  
(Town, county, and state)

## 10. Usual occupation

Housekeeping

## 11. Industry or business

own home

FATHER

## 12. Name

John Hanson Mitchell

## 13. Birthplace

Put Tobacco, Md.

MOTHER

## 14. Maiden name

Eliza Tripp Campbell Jenifer

## 15. Birthplace

Baltimore County, Md.

## 16. Informant

Miss Maria Mitchell (sister)

## Address

La Plata, Md.

## 17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof 2-7-48  
(month) (day) (year)

## Cemetery or crematory

MT Rest

## Location

La Plata md

## 18. Funeral director

Huntt & Ryan

## Address

Waldorf md

## 19.

2-7-48  
(Date rec'd by registrar)

19.

Julius H. Posey  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1948 at 8:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 19, 1948 to Feb. 5, 1948  
and that I last saw him alive on April - 1947

## Immediate cause of death

Coronary thrombosis

## DURATION

12 hrs.

## Due to

Coronary artery disease5 yrs.

## Due to

## Other conditions

Stokes-Adams Syndrome;  
congestive heart failure  
(Include pregnancy within 3 months of death)5 yrs

## Major findings of operations

Date of op. —

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —

## Means of injury

Injured at work? —

## 23. SIGNATURE

James L. MacKinnon, M.D.

M. D. or other

Address La Plata, Md. Date signed 2-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

98d

01593

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County..... *Charles*City or town..... *La Plata*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Md.* County..... *Charles*City or town..... *La Plata*  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Carrie Maria*

## 3. (b) Social Security Number

*Oliver*

4. Sex

*F*

5. Color or race

*W*

6. (a) Single, married, widowed, or divorced

*Widowed*

6. (b) Name of husband or wife

*Richard B. Oliver*

7. Birth date of deceased (mo., day, yr.)

*La Plata July 7, 1878*

6. (c) If alive, give age..... years

8. AGE:

Years *69*Months *7*Days *17*

If less than one day

..... hr.

..... min.

9. Birthplace

*La Plata, Md.*  
(Town, county, and state)

10. Usual occupation

*Housework*

11. Industry or business

*Ellis Farrell*

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

*48**John H. King*

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *7-24* 19*48*, at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*2-18* 19*48*, to *2-24* 19*48*and that I last saw h..... alive on *2-24* 19*48*

Immediate cause of death

*Cerebral hemorrhage*

DURATION

*2-18-48*

Due to

*Hypertensive heart disease*

1940

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*La Plata Md*

M. D. or other

Address

Date signed

*2-20-48*

**RECEIVED**

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01594

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County CharlesCity or town Pomonkey  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CharlesCity or town Pomonkey  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name War \_\_\_\_\_

## 3. (a) FULL NAME

Marie N. Petersen

## 3. (b) Social Security Number

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Andrew Petersen

## 7. Birth date of deceased (mo., day, yr.)

June 17, 1880

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

67720

hrs.

min.

## 9. Birthplace

Denmark  
(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Nels Nielsen

## 13. Birthplace

Denmark

## 14. Maiden name

Unknown

## 15. Birthplace

Unknown

## 16. Informant

Mrs. Helen Posey

## Address

Pomonkey, md.

## 17. (Burial, cremation, or removal, which?)

Burial

## Date thereof

(month) (day) (year)

2/9/48

## Cemetery or crematory

Shiloh M. E.

## Location

Bryans Road, md.

## 18. Funeral director

W. H. & Rym

## Address

Wadon, md.

## 19. (Date rec'd by registrar)

2-819 48Julia H. Posey

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 19 48 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-10 19 44 to 2-6 19 48  
and that I last saw her alive on 2-6 19 48

Immediate cause of death

Constrictive Heart Failure

Due to

Hypertensive Heart Disease

Due to

Other conditions

Phlebitis

(Include pregnancy within 3 months of death)

## DURATION

10-461-10-482-1-48

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Petersen M. D.

M. D. or other

Address

Le Plats, md.Date signed 2-7-48



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01595

## CERTIFICATE OF DEATH

Reg. Dist. No. 105

## 1. PLACE OF DEATH:

County CharlesCity or town White Plains, R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Edward Eugene Pickeral

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Sally E. Pickeral

7. Birth date of deceased (mo., day, yr.)

June 17, 18986. (c) If alive, give age 31 years

8. AGE:

Years

Months

Days

It less than one day

49717

hrs.

min.

9. Birthplace

Chas. Co. Md.  
(Town, county, and state)

10. Usual occupation

Farming -

11. Industry or business

FATHER

12. Name

William E. Pickeral

13. Birthplace

Chas. Co. Md.

MOTHER

14. Maiden name

Rebecca Coons

15. Birthplace

Chas. Co. Md.

16. Informant

Mrs. Sally E. Pickeral

Address

White Plains, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereon

(month) (day) (year)

Cemetery or crematory

Burial  
2/6/48

Location

Arlington National  
Arlington, Va.

18. Funeral director

Hunt & Ryan

Address

Wadsworth, Md.

19.

(Date rec'd by registrar)

19

48 M. L. Moore  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Charles

City or town

White Plains R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

7-419. 48 at 11 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-6-4519. 45 to 2-4-48

and that I last saw him alive on

10-1819. 47

Immediate cause of death

DURATION

Coronary Occlusion4-4-48

Due to

Hypertensive Heart

Due to

Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. H. DelaneyM. D.

M. D. or other

Address

La Plata, Md.

Date signed

3-5-48





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01596

## CERTIFICATE OF DEATH

Reg. Dist. No. 105

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb 7

1948

at 10:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan-17

1948

to 2-17

1948

and that I last saw him alive on 2-17

1948

Immediate cause of death.....

Myocardial  
Decompensation

DURATION

Due to.....

Quincho - pneumonia

Several  
days

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

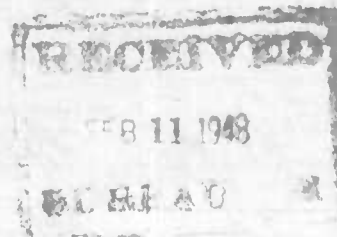
Date signed 2-24-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01597

Reg. Dist. No. 105

## 1. PLACE OF DEATH:

County Charles  
 City or town Waldorf  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? blue 20 yrs  
 Hospital, institution, or street address where death occurred:  
U.S. Route # 301  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Charles  
 City or town Waldorf  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (if rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

John Earl Snyder

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife —  
 6.(c) If alive, give age — years  
 7. Birth date of deceased (mo., day, yr.) March 7, 1918  
 8. AGE: Years 29 Months 11 Days 6 If less than one day — hrs. — min.

9. Birthplace unknown  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business —

12. Name unknown  
 13. Birthplace unknown  
 14. Maiden name unknown  
 15. Birthplace unknown

16. Informant Miss Emma Adams  
 Address Waldorf, md  
 17. Burial Date thereof 2/16/48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Pauli  
 Location P. F. D. Waldorf, md.  
 18. Funeral director Huntt & Ryan  
 Address Waldorf, md.

19. shy 19 48  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1948 at 8:10 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased —  
on Feb. 13, 1948, to —  
 and that I last saw him — on February 1948  
 Immediate cause of death Fractured base of skull

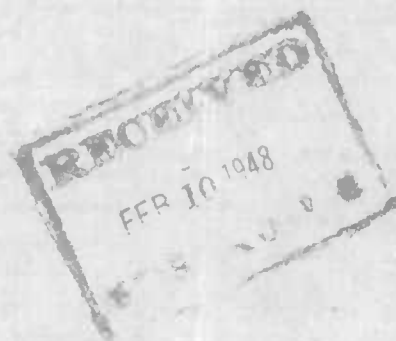
Due to Auto accident  
 Due to Hit by auto  
 Other conditions —  
 (Include pregnancy within 5 months of death)  
 Major findings at operations — Date of op. —  
 Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 2-13-48  
 Where did injury occur? Waldorf, Charles, Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) State highway  
 Means of injury Struck by auto Injured at work? NO  
 Deputy Medical Examiner

23. SIGNATURE James L. McKavangh, M.D. M. D. or other  
 Address La Plata, Md Date signed 2-13-48

RECEIVED  
FEB 16 1948  
BUREAU OF







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County Charles  
 City or town McDonachie  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Willie Thomas

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

Col.

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

unknown 1878

6. (c) If alive, give age..... years

## 8. AGE:

70?

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Charles co. Md.

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

MOTHER FATHER

## 12. Name

Henry Thomas

## 13. Birthplace

Charles co. Md.

## 14. Maiden name

Lena Short

## 15. Birthplace

Chas. Co. Md.

## 16. Informant

Dennis Thomas

## Address

Port Tobacco, Md.

## 17.

(Burial, cremation, or removal, Which?)

Date thereof.

2/9/48  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

2-9  
(Date rec'd by registrar)19. 48Julia H. Bray  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

2-6-48 at 4:48 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-6-48 at 4:48 P.M.

and that I last saw h..... alive on

Immediate cause of death

Heart failure from  
thrombosis

## DURATION

2-6-48

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED  
FEB 11 1968  
BUREAU VA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01600

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County Charles  
 City or town La Plata  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 hr.  
 Hospital, institution, or street address where death occurred:  
Physicians Memorial Hospital  
 How long in hospital or institution? 1 hr.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles  
 City or town Bel Air Port Tobacco  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Paul Thompson Jr

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 1926  
 8. AGE: Years 22 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Chas Co Md  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business \_\_\_\_\_

12. Name Paul Thompson  
 13. Birthplace Chas Co  
 14. Maiden name Clara Swann  
 15. Birthplace Charles Co Md

16. Informant Paul Thompson Sr  
 Address Port Tobacco Md

17. Buried Date thereof 2-10-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St Thomas  
 Location Bel Air Md

18. Funeral director Hunt & Ryon  
 Address Waldorf Md

19. 2-8 48 Julia H. Pacey  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1948 at 11:45 PM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
on Feb 7 1948 from  
 and that I last saw him in on Feb 7 1948  
 Immediate cause of death Fracture - dislocation of  
cervical vertebrae  
 Due to Auto accident  
 Due to Auto skidded + struck curb  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## DURATION

60'60'

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 2-7-48  
 Where did injury occur? La Plata, Charles, Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) State highway  
 Means of injury Car struck curb Injured at work? No

23. SIGNATURE John S. Mackay, M.D. Deputy Medical Examiner  
 Address La Plata, Md Date signed 2-7-48

RECEIVED  
FEB 11 1948  
BUREAU V.A.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

01601

131a

1. PLACE OF DEATH:  
County Charles County  
City or town McConkie Part of  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 40 yrs  
Hospital, institution, or street address where death occurred:  
McConkie Md  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md County Charles  
City or town McConkie Part of  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. McConkie  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Nellie Warren

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife Yancey Warren  
T. Birth date of deceased (mo., day, yr.) Sept. 2nd 1891 6.(c) If alive, give age years  
8. AGE: Years 56 Months 5 Days 22 If less than one day  
hrs. min.

9. Birthplace Ripley, Charles Co., Md  
(Town, county, and state)  
10. Usual occupation Housewife

11. Industry or business  
12. Name James Washington  
13. Birthplace Ripley, Md.  
14. Maiden name Flora  
15. Birthplace Ripley, Md

16. Informant Rosie Brown  
Address McConkie, Md. Part of

17. Burial Date thereof 2-28-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Zeon Baptist  
Helltop, Ind.  
Location Montgomery Boro

18. Funeral director W. W. World  
Address 913 Florida Ave. N.W. Wash D C

19. 2-28 19 48 Julia H. Perry  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 19 48 at 7:30 P M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
February 23 19 48 to Feb 24 19 48  
and that I last saw him alive on Feb 24 19 48  
Immediate cause of death Uremia

#### DURATION

2 days

Due to Hypertensive Cardio-vascular  
Renal Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Percival C. Smith M.D. M. D. or other

Address Indian Head, Md Date signed 2-27-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content of this certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01602

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County Charles  
 City or town Newport  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md County Charles  
 City or town Newport  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Henry Welch

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Rebecca Welch

7. Birth date of deceased (mo., day, yr.)

unknown 1894

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

74?

hrs. min.

9. Birthplace

St. Mary's Co. Md.

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

Edmond Welch

13. Birthplace

St. Mary's Co. Md.

MOTHER

14. Maiden name

Josephine Swann

15. Birthplace

St. Mary's Co. Md.

16. Informant

Philip H. Thompson

Address

Newport, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Mary's

Location

Newport, Md.

18. Funeral director

Hunt & Ryan

Address

Waldorf, Md.

19.

(Date rec'd by registrar)

19 48Julius H. Pacey

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 19 48 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 16 19 48 to February 24 19 48and that I last saw him alive on February 16 19 48Immediate cause of death Cerebral Thrombosis

DURATION

10 DAYSDue to HYPERTENSIVE HEART DISEASE

UNDETERMINED

Due to GENERALIZED ARTERIO-SCLEROSIS

UNDETERMINED

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

John H. Griffin, M.D.

M. D. or other

Address

HagerstownDate signed 2/25/48



RECEIVED

MAR 3 1948.

BUREAU V. S.